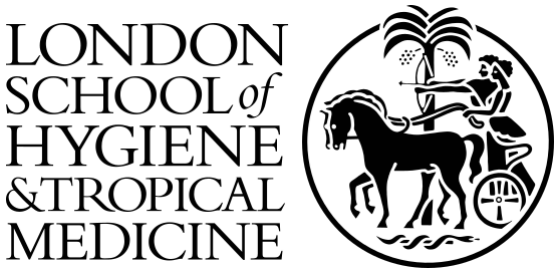

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Editorial

What Lessons Does the Political Transition in 1989 Central and Eastern Europe Offer for Health System Reform in a Changed North Korea?

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POLITICAL TRANSITIONS ARE COMPLEX

In 1964, the then British Prime Minister Harold Wilson is reported to have said that "a week is a long time in politics".[1] He was reminding his listeners that sometimes things can change incredibly quickly. Thirty years ago, the political landscape of Europe changed profoundly in the course of a few months. In May 1989 the Hungarian government began to dismantle the section of the Iron Curtain that separated it from its neighbours in the West. Large numbers of East Germans took advantage of this to flee to the Federal Republic of Germany and, one after another, the communist regimes of Central and Eastern Europe collapsed, bring to an end the division of Europe that had lasted for forty years. It had been clear for a long time that the post-war division of Europe was not sustainable. Dissent was growing. However, no one could have predicted the course of events that ensued.

Since then, there have been many other examples of how political situations unravelled rapidly, most notably during the period that we now call the Arab Spring.[2] All of these events have their own particular characteristics. In part, this is because they exemplify what we term complex systems. In complex systems, an event that might seem insignificant at the time, such as a lone protester, can trigger a chain of events that rapidly spiral out of control. This is because the path that unfolds is influenced by the starting conditions, a multiplicity of nonlinear relationships (for example, a shortage of an essential foodstuff may have little impact when the shelves are full of other products but major consequences when there is little else to eat), and positive and negative feedback loops.

This has lessons for the Korean Peninsula. The political isolation of North Korea is ultimately unsustainable but no-one can predict how or when, or what the Korean peninsula will look like after it happens. There are several plausible scenarios. One is reunification. Another is a transition to a market economy while preserving the authority of the Workers' Party of Korea,

similar to what has happened in Viet Nam. Yet another is a federation, with "one country, two systems" as with China and Hong Kong. The pace of transition is equally unpredictable. Will it resemble the situation in some countries in central Europe where regimes collapsed in a few days, or will it be like some of the former Soviet Central Asian Republics, where apparatchiks reinvented themselves as ostensibly democratic leaders, brought to power in elections that had little semblance of freedom or fairness? However, all of the transitions in the former Communist bloc were, in one way or another, unique.

In some respects, the closest analogy with the Korean peninsula is German reunification,[3] but it is important not to stretch the comparison too far. When the Berlin Wall was torn down, the national income in East Germany was about a third that in the West. The difference between the 2 Koreas is more than 20-fold.[4] Even if they were unable to travel, most people in the communist bloc in Europe were familiar with life in the West, as reported on radio and television. Until recently, access to information about the outside world in North Korea was extremely limited, although this is now changing.[5]

The transition from communism in Europe was traumatic. Established norms were discarded. Institutions were rendered obsolete. Dissidents, and in a few countries, opposition politicians, had to acquire new skills, including writing constitutions and establishing democratic structures. And people died. The countries of Central Europe experienced increases in deaths from some causes, particularly injuries and violence. Fortunately, in most cases, this was transient. However, the countries emerging from the former Yugoslavia were plunged into a series of long and bloody wars.[6] The countries that emerged from the Soviet Union were hit much worse. In some, rapid privatisation of state-owned enterprises removed not only employment opportunities but the many social and health services that these enterprises had traditionally provided.[7] Where this happened, life expectancy plummeted. Elsewhere, for example in Belarus or Uzbekistan, the transition was much more gradual. This was also the case in China where the health system underwent major reforms, but without the political transition seen in the former Soviet Union.[8]

It is impossible to know what might happen after any change of regime in North Korea and, in particular, whether the process will be rapid or gradual. What can be said with some certainty is that the Republic of Korea will play a central role in this process, supporting the creation of new institutions, providing people with new skills, and in many ways facilitating the transition to a modern economy. All sectors of society will be affected, but reform of the North Korean health system must be a priority.

IDEAS DON'T ALWAYS TRAVEL WELL

Those who are called upon to support the process of transition in the North Korean health system will, almost inevitably, bring with them preconceived notions about what works and what does not work. There will be an obvious temptation to take the existing system in the Republic of Korea and transfer it to the north. However, the experience in Europe suggests that this could be severely problematic. There is a large literature on lesson learning in public policy showing that many pitfalls exist.

One of the most notorious examples was a scheme developed by the British government to cultivate groundnuts in what was then the colony of Tanganyika. Everything that could have gone wrong did.[9] No one asked local people why they did not grow groundnuts. Had they

done so, they would have realised that the land was extremely difficult to cultivate, there was no local water supply, but there were many dangerous animals. The heavy equipment needed to clear the land had to be imported and transported on a single line railway track but was soon washed away in a flood. The landscape was dotted with large baobab trees, some of which had profound cultural significance. The scheme soon collapsed.

Health sector reform in post-transition Eastern Europe has also experienced many problems, although perhaps not on the same scale. In the following paragraphs I offer 5 lessons that we have learnt from this process.

First, even when everyone is speaking the same language, words may have quite different meanings. For example, in Hungary, there were multiple translations of the term public health, all with different meanings ranging from health promotion through empowerment to state surveillance.[10] Physicians in the Soviet Union underwent a quite different undergraduate training, so they ended up with much more limited knowledge than in the West. Nurses in many Eastern European countries gained qualifications in what was, in effect, secondary education, a completely different situation from what happens in those Western countries where it is now a graduate qualification. The challenges are likely to be especially great in North Korea. A review of research published in North Korean journals found that the papers bore little resemblance to those in international journals.[11] About 80% began with the teaching of the supreme leaders and presented medical research as a virtuous revolutionary activity. The actual methods and results were brief and references to other literature were extremely limited. Equally, there is quite limited information available to those from outside North Korea who may be involved in supporting a transition. Although there has been a recent increase in information coming from the growing number of international programmes in North Korea,[12] a systematic review of the available literature on the health of the population found that much was based on studies of North Koreans living outside their country and there were major gaps in the topics covered.[13] There is endless scope for mistakes when those involved failed to understand each other.

Second, diagnostic labels originate in many different ways and many have failed to take account of our increasing understanding of disease mechanisms. For example, a myocardial infarction may arise from a thrombosis in the coronary arteries or the rupture of a plaque. While many patients will survive to reach hospital, some will die suddenly following cardiac arrest. However, there are others who suffer cardiac arrests as a result of arrhythmias without an obstruction to their coronary arteries. We found that this was unexpectedly common in Russia and some of its neighbours. Eventually, it became clear that we were seeing alcohol induced damage to the myocardium, a condition with a different aetiology and with different implications for prevention.[14] In the same way, a cluster of symptoms that in one setting will usually be the result of a particular infectious agent may be due to a completely different one elsewhere.

Third, understanding of disease among the population may differ. Many traditional belief systems struggle to recognise the concept of a condition that is asymptomatic but which still requires treatment. The concept of dis-ease in many languages implies a degree of discomfort. Hypertension is the classic example of such a condition.[15] Consequently, it can be difficult to convince people that their high blood pressure requires treatment. Similarly, they may hold traditional beliefs about the causes of disease which conflict with advice given on the basis of epidemiological research. One of the reviews cited above found that the North Korean literature was dominated by accounts of folk remedies and alternative medicine,[11]

suggesting that scientific understanding of disease mechanisms even among health professionals may be limited.

Fourth, the way that health systems operate is the consequence of factors acting over long periods of time. In the Soviet Union, physicians often recommended a variety of physical therapies, including being bathed in lights of different colours[16] or subjected to electro-magnetic or gravitational forces. These approaches were able to persist, in part, because of the rejection by Soviet science of the concept of the unbiased experiment, for example using a randomised controlled trial.[17] However, in addition to the ideology, this suited a regime that was unable to provide modern and effective medicines to its population and where physicians could obtain under the table payments for treatments that involved physical contact. The challenges facing the North Korean health system, due to lack of resources, are even greater than in the Soviet Union.[18] As the American writer Upton Sinclair noted, "it is difficult to get a man to understand something when his salary depends upon his not understanding it".[19]

Finally, the interaction between the health professional and the patient depends upon the existence of a functioning managerial framework, organising the supply of pharmaceuticals and equipment, the deployment of staff, and the flow of patients through the system. This managerial framework can take varying forms. In many Western countries, there has been a move away from rigid hierarchical structures to ones that are empowering, in which clinicians are supported to make the most appropriate decision for the patient rather than being instructed what to do from above. This transition is, however, difficult, especially as it threatens existing power structures. Thus, we have shown how, even now, almost 30 years after the transition, many hospitals in Russia still operate in the traditional manner,[20] even though many aspects of clinical practice have been transformed beyond recognition.[21]

IMPLICATIONS

What lessons can be learned from the experience of the political transition in Europe? Above all, it would be extremely unwise to think that reform of the North Korean health system can be brought about by simply translating that in the Republic of Korea. It will be very important to understand, in detail, the differences in context, including patterns of disease and how they are understood, health systems capacity, and the ability of North Koreans to bring about change. There are tools for doing this, using methods such as rapid participative appraisal, in which data from different sources, but especially that reflecting the views of patients and frontline providers, is brought together to identify the barriers to change.[22] There are also valuable insights from soft systems theory, recognising that health systems are complex adaptive systems and building one is not simply a matter of putting together a predetermined set of blocks.[23] Above all, it is essential to understand the German word Weltanschauung, or the vision of the world assumed for the system to function. After over 70 years of isolation, one thing that is certain is that Koreans on either side of the border will have very different world visions.

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